

Owner/Facility Registration Module

|   |  | Question Asked in MassDEP Form   | FP 290 | FP 289 | EPA | Comments  |
|---|--|--|--------|--------|-----|---|
| <b>Owner/Facility Registration Module</b> |  |  |        |        |     |   |
| <b>A Owner/Operator Registration</b>      |  |  |        |        |     |   |
| <b>1.0 Legal Owner of UST(s)</b>          |  |  |        |        |     |   |
|   |  | a. Individual/Organization Name  | x      | x      | x   |   |
|   |  | b. Type of Owner (Commercial, Private, State, etc)                                   | x      |        |     |   |
|   |  | c. Type of Ownership (Corporation, Individual, LLC, Partnership, Public Agency, etc) |        |        |     |   |
|   |  | d. If other, please specify  |        |        |     |   |
|   |  | e. Contact Name  |        |        |     |   |
|   |  | f. Address 1   | x      | x      | x   |   |
|   |  | g. Address 2   | x      | x      | x   |   |
|   |  | h. City:   | x      | x      | x   |   |
|   |  | i. State   | x      | x      | x   |   |
|   |  | j. Zipcode   | x      | x      | x   |   |
|   |  | k. Primary Contact Phone Number  | x      | x      | x   |   |
|   |  | l. Emergency Phone Number:   |        |        |     |   |
|   |  | m. E-mail:   |        | x      |     |   |
|   |  | n. Federal Employers ID#   | x      | x      |     |   |
|   |  | o. Date of ownership (of tanks)  |        |        |     |   |
|   |  |  |        |        |     |   |
|   |  | <i>not in final version of new form</i>  |        |        |     |   |
|   |  | FAX  |        | x      |     |   |
|   |  | home phone number  |        | x      |     |   |
|   |  | County   | x      |        | x   |   |
|   |  |  |        |        |     |   |
| <b>2.0 Operator of Tanks</b>              |  |  |        |        |     |   |
|   |  | a. Individual/Organization Name  |        |        |     | existing forms are unclear whether an organization's name should be entered or just a person's name |
|   |  | b. Contact Name  | x      | x      | x   |   |
|   |  | c. Email Address   |        | x      |     |   |
|   |  | d. Address 1   | x      | x      | x   |   |
|   |  | e. Address 2   | x      | x      | x   |   |
|   |  | f. City  | x      | x      | x   |   |
|   |  | g. State   | x      | x      | x   |   |
|   |  | h. Zipcode   | x      | x      | x   |   |
|   |  | i. Primary Contact Phone Number  | x      | x      | x   |   |
|   |  | j. Emergency Telephone   | x      | x      |     | FP 290 & FP 289 ask for Home Phone  |
|   |  |  |        |        |     |   |
|   |  |  |        |        |     |   |
|   |  | <i>not in final version of new form</i>  |        |        |     |   |

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|--|----------|---|--------|--------|-----|--|
|  |          | Title   | x      | x      | X   |  |
|  |          | FAX   | x      | x      |     |  |
|  |          | Home phone  | X      | X      |     |  |
|  |          |   |        |        |     |  |
|  | <b>B</b> | <b>Facility Registration</b>  |        |        |     |  |
|  |          | 1.0 Facility Location and Description   |        |        |     |  |
|  |          | DEP Facility Account Number   |        | x      |     |  |
|  |          | DFS Facility ID (if known)  |        |        |     |  |
|  |          | a. Facility Name  | x      | x      | x   |  |
|  |          | b. Address 1 (no PO Box)  | x      | x      | x   |  |
|  |          | c. Address 2  | x      | x      | x   |  |
|  |          | d. City   | x      | x      | x   |  |
|  |          | e. County   | x      | x      | x   |  |
|  |          | f. State  | X      | X      | X   |  |
|  |          | g. Zip code   | X      | X      | X   |  |
|  |          | h. Telephone Number at Facility   |        | x      |     |  |
|  |          | i. Primary Type of Facility (Gas Station, Petroleum Distributor, Airport, Aircraft Owner, Vehicle Dealer, etc)  | x      |        | x   |  |
|  |          | k. Are USTs located on land within an Indian Reservation or on other trust lands?   | x      |        | x   |  |
|  |          | l. Is there a site or plot plan of the facility including all USTs, related components, buildings and proximate locations of any public or private well and of any body of surface water within 500 feet of the facility? |        | x      |     | 9.07(M)(2)(D) & 9.07(M)(3)(b)  |
|  |          |   |        |        |     |  |
|  |          |   |        |        |     |  |
|  |          | <i>not in final version of new form</i>   |        |        |     |  |
|  |          | Tanks are owned by native American nation or individual (drop down)   | x      |        | x   |  |
|  |          | Latitude /longitude   | x      |        | x   | MassDEP form asks for lat/long of center of the UST field and not the facility |
|  |          | Distance and Direction from closest intersection  | x      |        |     |  |
|  |          | tank in well head protection area   | x      |        |     | Removed from MassDEP Form  |
|  |          | tank in surface DW protection area  | x      |        |     | Removed from MassDEP Form  |
|  |          | tank within 100 ' of wetland  | x      |        |     | Removed from MassDEP Form  |
|  |          | tank within 300 ' of stream or water body   | x      |        |     | Removed from MassDEP Form  |
|  |          |   |        |        |     |  |
|  |          | How is drinking water supplied to the facility?   |        | x      |     | Removed from MassDEP Form  |

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|--|--|--|---------------|---------------|------------|--|
|  |  | Only if there is a drinking water well on the property, do you supply drinking water to at least 25 different people at least 60 days of the year?                   |               | x             |            | Removed from MassDEP Form  |
|  |  | Do you have a MassDEP Public Water System Identification Number (PWS ID#)?   |               | x             |            | Removed from MassDEP Form  |
|  |  | If Yes, provide number.  |               | x             |            | Removed from MassDEP Form  |
|  |  | Is the location of this drinking water well shown on the site or plot plan and marked as DW?   |               | x             |            | Removed from MassDEP Form  |
|  |  | Verify Emergency Call List   |               | x             |            | Removed from MassDEP Form  |
|  |  |  |               |               |            |  |
|  |  |  |               |               |            |  |
|  |  | <b>2.0 Number of USTs</b>  |               |               |            |  |
|  |  | a. How many USTs are at the facility? (count a tank with multiple compartments as one tank)  |               | x             | x          |  |
|  |  | b. How many USTs are being registered or are having registration information amended at this time? (see note at left for exemptions)                                 | x             |               |            |  |
|  |  | c. How many DEP-assigned groups of USTs are at the facility? (only very large facilities, such as military installations and airports, have multiple groups of USTs) |               |               |            |  |
|  |  |  |               |               |            |  |
|  |  | <b>UST Groups 1-4 (set of 4 questions for each group)</b>  |               |               |            |  |
|  |  | d. MassDEP Regulated Object Name, if known   |               |               |            |  |
|  |  | e. Location Descriptor (e.g. Gas Pumps, Maintenance Bldg.)   |               |               |            |  |
|  |  | f. Latitude of UST Field (at center of field)  |               |               |            | MassDEP form asks for lat/long of center of the UST field and not the facility |
|  |  | g. Longitude of UST Field (at center of field)   |               |               |            | MassDEP form asks for lat/long of center of the UST field and not the facility |
|  |  |  |               |               |            |  |
|  |  |  |               |               |            |  |
|  |  |  |               |               |            |  |
|  |  |  |               |               |            |  |
|  |  | <b>3.0 Financial Responsibility</b>  |               |               |            |  |
|  |  | a. How many USTs at this facility are subject to the financial responsibility requirements of 40 CFR Parts 280 & 281?  |               |               |            | 9.07(N) & 280.93   |
|  |  | b. How many USTs at facility are enrolled in the State 21J Fund? (e.g. USTs containing motor vehicle fuel)   |               |               |            | Most gas stations only need to answer these two questions;                     |
|  |  |  |               |               |            |  |
|  |  |  |               |               |            |  |
|  |  | not in final version of new form   |               |               |            |  |

# Owner/Facility Registration Module

|  |  |  | <b><i>Question Asked in MassDEP Form</i></b>   | <b><i>FP 290</i></b> | <b><i>FP 289</i></b> | <b><i>EPA</i></b> | <b><i>Comments</i></b>   |
|--|--|--|--|----------------------|----------------------|-------------------|--|
|  |  |  | Provide Policy information, Certification of Compliance<br>Information or other verification | x                    |                      | x                 | Specific questions by type of FR instrument are<br>in FR Registration Module |

# Financial Responsibility Registration Module

|   |  | Question Asked in MassDEP Form  | FP 290 | FP 289 | EPA | DFS Reg Citation | EPA Reg Citation         |
|---|--|---|--------|--------|-----|------------------|--------------------------|
| <b>Financial Responsibility Registration Module</b>     |  |   |        |        |     |                  |                          |
| <b>C. Financial Responsibility</b>                      |  |   |        |        |     |                  |                          |
| <b>1.0 Type of Financial Responsibility Instruments</b> |  |   |        |        |     |                  |                          |
|   |  | a. How many USTs at this facility are subject to the financial responsibility requirements of 40 CFR Parts 280 & 281?   |        |        |     | 9.07(N)          | 280.22(e)(3) & Subpart H |
|   |  | b. How many 21J- eligible USTs at the facility (e.g. USTs containing motor vehicle fuel) are covered by another financial responsibility instrument and not enrolled in the State 21J Fund? |        |        |     |                  |                          |
|   |  | c. For any USTs not enrolled in the State 21J Fund, complete the following table & subsections for the applicable financial responsibility instruments                                      |        |        |     |                  | 280.94                   |
|   |  | Self Insurance  | x      |        |     |                  |                          |
|   |  | Guarantee   | x      |        |     |                  |                          |
|   |  | Commercial Insurance  | x      |        |     |                  |                          |
|   |  | Risk Retention Group  | x      |        |     |                  |                          |
|   |  | Surety Bond   | x      |        |     |                  |                          |
|   |  | Letter of Credit  | x      |        |     |                  |                          |
|   |  | Trust Fund  | x      |        |     |                  |                          |
|   |  | Totals  |        |        |     |                  |                          |
|   |  |   |        |        |     |                  |                          |
|   |  |   |        |        |     |                  |                          |
| <b>2.0 Applicable Coverage Requirement</b>              |  |   |        |        |     |                  |                          |
|   |  | a. How many USTs do you own nationwide?   |        |        |     |                  | 280.93(b)(1)             |
|   |  | b. Are you a petroleum marketer?  |        |        |     |                  | 280.93(a)(1)             |
|   |  | c. For petroleum non-marketers, local governments or Indian Tribes <i>only</i> : What is your average monthly throughput at this facility?  |        |        |     |                  | 280.93(a)(1)& (2)        |
|   |  | d. What is your total Per Occurrence Coverage?  |        |        |     |                  | 280.93(a)                |
|   |  | e. What is your total Aggregate Coverage?   |        |        |     |                  | 280.93(b)                |
|   |  |   |        |        |     |                  |                          |
|   |  |   |        |        |     |                  |                          |
| <b>3.0 Financial Responsibility Documentation</b>       |  |   |        |        |     |                  |                          |
|   |  | a. Self Insurance   |        |        |     |                  | 280.95                   |
|   |  | series of questions   |        |        |     |                  |                          |
|   |  | b. Guarantee  |        |        |     |                  | 280.96                   |
|   |  | series of questions   |        |        |     |                  |                          |
|   |  | c. Commercial Insurance   |        |        |     |                  | 280.97                   |
|   |  | series of questions   |        |        |     |                  |                          |

Financial Responsibility Registration Module

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|--|--|---|---------------|---------------|------------|-------------------------|---|
|  |  | d. Risk Retention Group   |               |               |            |                         | 280.97  |
|  |  | series of questions   |               |               |            |                         |   |
|  |  | e. Surety Bond  |               |               |            |                         | 280.98  |
|  |  | series of questions   |               |               |            |                         |   |
|  |  | f. Irrevocable Standby Letter of Credit   |               |               |            |                         | 280.99  |
|  |  | series of questions   |               |               |            |                         |   |
|  |  | g. Trust Fund   |               |               |            |                         | 280.102, 280.103                                    |
|  |  | series of questions   |               |               |            |                         |   |
|  |  |   |               |               |            |                         |   |
|  |  | (Record keeping is required)  |               |               |            |                         | 208.111   |
|  |  |   |               |               |            |                         |   |
|  |  |   |               |               |            |                         |   |
|  |  | <i>not in final version of new form</i>   |               |               |            |                         |   |
|  |  | I have met the financial responsibility requirements in accordance with 527 CMR 9.00      | x             |               | x          |                         |   |
|  |  | Local Govt Financial Test   |               |               | x          |                         |   |
|  |  | Bond Rating Test  |               |               | x          |                         |   |
|  |  | State Funds   | x             |               | x          |                         | This is asked in the Owner/Facility Module          |
|  |  | Other method allowed  | x             |               | x          |                         |   |
|  |  | Specify   | x             |               | x          |                         |   |
|  |  | Provide Policy information, Certification of Compliance Information or other verification | x             |               |            |                         | specific questions are asked for each FR Instrument |

Tank and Piping Registration Module

|   | Question Asked in MassDEP Form   | FP 290 | FP 289 | EPA | DFS Reg Citation                 | EPA Reg Citation   | Comments |
|---|--|--------|--------|-----|----------------------------------|--------------------|----------|
| <b>Tank and Piping Registration Module</b>  |  |        |        |     |                                  |                    |          |
| <b>C Tank and Piping System Registraion</b> |  |        |        |     |                                  |                    |          |
| <b>1.0 Tank Basic Description</b>           |  |        |        |     |                                  |                    |          |
|   | a. Owner's Designation (e.g. Middle Tank, Location #, "Regular", etc.)   |        | x      |     |                                  |                    |          |
|   | b. Tank Serial Number (if known)   | x      | x      |     |                                  |                    |          |
|   | c. Date of Installation (MM/DD/YYYY; enter 05/08/1986 if unknown)  | x      |        | x   |                                  |                    |          |
|   | d. Is this a split (compartment) tank?   |        | x      |     |                                  |                    |          |
|   | e. Capacity of tank/compartment (Gallons)  | x      | x      | x   |                                  |                    |          |
|   | f. Contents/Regulated Substance ( <i>check one</i> ):  | x      | x      | x   |                                  |                    |          |
|   | g. If storing gasoline or diesel, what is its use? ( <i>check all that apply</i> ):  | x      | x      |     |                                  |                    |          |
|   | h. Hazardous Material(s): CAS Number(s)  | x      |        | x   |                                  |                    |          |
|   | i. Hazardous Waste(s): RCRA Number(s)  | x      |        | x   |                                  |                    |          |
|   | j. Mixture of Substances: Product Name(s) / CAS Number(s)  | x      |        | x   |                                  |                    |          |
|   | k. If Other Regulated Substance, please describe:  | x      |        | x   |                                  |                    |          |
| <b>2.0 Tank Construction</b>                |  |        |        |     |                                  |                    |          |
|   | a. Tank construction material: ( <i>cath protected steel, FRP, HPDE, etc</i> )   | x      | x      | x   | 9.05(A) & 9.05(G)(9-10)          | 280.20(a)          |          |
|   | b. Type of tank construction ( <i>single, double-walled</i> )  | x      | x      | x   | 9.05(A)                          |                    |          |
|   | c. Was the tank relined?   | x      |        | x   | 9.05(G)(10) & 9.07(I)(1)         | 280.21(b)(1) & (3) |          |
|   | d. Does the tank's excavation zone have a secondary impermeable barrier?   | x      |        | x   |                                  | 280.43(g)(2)       |          |
| <b>3.0 Product Piping Construction</b>      |  |        |        |     |                                  |                    |          |
|   | a. Product piping construction material: ( <i>flexible, cath protected steel, FRP, etc</i> )   | x      | x      | x   | 9.05(B) & 9.05(G)(9)             | 280.20(b)          |          |
|   | b. Product piping type of construction ( <i>single, double walled</i> )  | x      | x      | x   | 9.05(B) & 9.05(D)(6)             |                    |          |
|   | c. Product piping type ( <i>pressurized, European, gravity, etc</i> ):   | x      |        | x   | 9.05(B), 9.05(G)(6-8), & 9.07(E) |                    |          |
|   | d. How many product piping runs are there per tank/compartment? (enter number)   |        | x      |     |                                  |                    |          |
|   | e. For gravity fed systems <i>only</i> , is there a device, such as a solenoid valve, installed to prevent gravity flow from the tank in case of piping failure? |        |        |     | 9.05(B)(8)                       |                    |          |
| <b>4.0 UST Installation Compliance</b>      |  |        |        |     |                                  |                    |          |
|   | a. Is the contractor responsible for installing the following UST system components certified by the respective manufacturers to install them?                   |        |        |     |                                  | 280.20(e)          |          |
|   | i. Tank & Piping   | x      |        | x   |                                  |                    |          |
|   | ii. Corrosion Protection for Tank & Piping   |        |        |     |                                  |                    |          |
|   | iii. Leak Detection for Tank & Piping  |        |        |     |                                  |                    |          |
|   | b. Indicate who inspected the UST installation ( <i>check all that apply: TPI, PE, Fire</i> ).   | x      |        | x   |                                  | 280.20(e)          |          |
|   | c. Did contractor complete manufacturers' installation checklists?   | x      |        | x   |                                  | 280.20(e)          |          |

Tank and Piping Registration Module

|  | Question Asked in MassDEP Form  | FP 290 | FP 289 | EPA | DFS Reg Citation        | EPA Reg Citation | Comments                           |
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|  | d. Was installation carried out in accordance with manufacturer's recommendations, accepted engineering practices, and the regulations?   |        |        |     |                         | 280.20(e)        |                                    |
|  | <b>5.0 Tank and Piping Leak Detection</b>   |        |        |     |                         |                  |                                    |
|  | a. Type of <b>tank</b> leak detection ( <i>ATG, IM, SIR, Soil</i> )   | x      | x      | x   | 9.05(D)(2) & 9.05(G)(4) | 280.43           |                                    |
|  | b. If Not Applicable, describe exemption:   |        |        |     |                         |                  |                                    |
|  | c. Tank interstitial space is filled with: ( <i>liquid, air, pressure/vac</i> )   |        |        |     |                         |                  |                                    |
|  | d. Type of <b>pipe</b> leak detection ( <i>check all that apply - IM, ALLD, SIR, etc</i> ):   | x      | x      | x   | 9.05(G)(6) & 9.07(E)(4) | 280.44           |                                    |
|  | e. If Not Applicable, describe exemption:   |        |        |     |                         |                  |                                    |
|  | f. Can ALLD detect 0.1 gph at the equivalent of 1.5 times the operating pressure with a 100% probability of detection and 0% probability of false alarm? If Yes, answer question g. |        |        |     | 9.05(G)(6)(b)4          |                  |                                    |
|  | g. If Yes, will you use this capability in lieu of annual pipe tightness testing?   |        |        |     | 9.05(G)(6)(b)4          |                  |                                    |
|  | h. Vendor Name used for SIR (if applicable)   | x      | x      | x   |                         |                  |                                    |
|  | i. Soil Vapor Monitoring ( <i>monthly, continuous</i> ):  | x      |        | x   | 9.05(G)(4)(c & d)       | 280.43(e)        |                                    |
|  | <b>6.0 Overfill Prevention &amp; Spill Containment/Prevention</b>   |        |        |     |                         |                  |                                    |
|  | a. Is a spill containment device installed?   | x      | x      | x   | 9.05(A)(7) & 9.05(G)(2) | 280.20(c)(i)     |                                    |
|  | b. If a spill containment device/bucket is installed, what is the size of the spill bucket (gallons)  |        | x      |     | 9.05(A)(7) & 9.05(G)(2) |                  |                                    |
|  | c. Indicate overfill prevention device installed ( <i>check all that apply</i> ):   | x      | x      | x   | 9.05(A)(8) & 9.05(G)(2) | 280.20(c)(ii)    |                                    |
|  | d. If None or Other, please explain.  |        |        |     |                         |                  |                                    |
|  | e. Is a shear valve/impact valve installed at the base of each individual island-type dispenser ( <i>pressurized piping only</i> )?   |        |        |     | 9.07(E)(5)              |                  |                                    |
|  | <b>7.0 Tank/Piping Corrosion Prevention</b>   |        |        |     |                         |                  |                                    |
|  | a. Type of Corrosion Protection ( <i>Galvanic, impressed current</i> ):   | x      | x      |     | 9.05(H)(1) & 9.05(G)(9) | 280.20(a)        |                                    |
|  | b. Did tank come equipped with corrosion prevention from the manufacturer?  |        |        |     |                         |                  |                                    |
|  | c. If No, was corrosion prevention system designed by corrosion expert and installed and tested under his/her supervision?  |        |        |     | 9.05(H)(2)              | 280.20(a)(2)(ii) |                                    |
|  | d. Are any metallic product pipe fittings (that routinely carry product) in contact with soil?  |        |        |     | 9.05(H)(1)              | 280.20(b)        |                                    |
|  | e. If Yes, are these pipe fittings cathodically protected?  |        |        |     | 9.05(H)(1)              | 280.20(b)        |                                    |
|  | <b>8.0 Daily Inventory Control</b>  |        |        |     |                         |                  |                                    |
|  | a. Primary inventory control method used : ( <i>manual, mech t</i> )  | x      |        |     | 5.06(1) & 5.06(3)       |                  | for gas stations only              |
|  |   |        |        |     |                         |                  |                                    |
|  | <i>not in final version of new form</i>   |        |        |     |                         |                  |                                    |
|  | Lat/Long of tanks   | x      | x      | x   |                         |                  | Contained in Owner/Facility Module |



Tank and Piping Registration Module

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|--|--|--|---------------|---------------|------------|-------------------------|-------------------------|--------------------------------------|
|  |  | Tank Status (start dates for TOS and Perm closure)     | x             | x             | x          |                         |                         | Contained in Change of Status        |
|  |  | Other Method (for tank leak detection) allowed         | x             |               |            |                         |                         | EPA allows more methods than MA does |
|  |  | Date of last tightness test (tank & piping)            | x             |               |            |                         |                         | Contained in TPI Inspection          |
|  |  | Date of Last TPI Inspection                            | x             |               |            |                         |                         |                                      |
|  |  | Installer certified or licensed by implementing agency | x             |               | x          |                         |                         | We don't certify installers          |
|  |  | Tank closure questions                                 |               | x             | x          |                         |                         | Contained in Change of Status        |
|  |  | Site Assessment questions for closure                  |               |               | x          |                         |                         | Contained in Change of Status        |

Change of Tank Status Module

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|--|----------|---|--------|---------|--------|-----|------------------|------------------|
|  |          | <b>Change of Status Module</b>  |        |         |        |     |                  |                  |
|  | <b>C</b> | <b>USTs Requiring Change in Status</b>  |        |         |        |     |                  |                  |
|  |          | <b>1.0 Registering New UST Status</b>   |        |         |        |     |                  |                  |
|  |          | a. Indicate new UST status ( <i>check all that apply</i> ):   | x      | x       |        | x   | 9.07(J) and (K)  | Subpart G        |
|  |          |   |        |         |        |     |                  |                  |
|  |          | <b>1.1 Temporarily Out of Service</b>   |        |         |        |     |                  |                  |
|  |          | a. Date UST taken out of service? (MM/DD/YYYY)  | x      |         | x      | x   | 9.07(J)(3)       | 280.70           |
|  |          | b. Is corrosion protection operational? ( <i>check N/A for non-metallic tanks</i> )                           |        |         |        |     | 9.07(J)(3)       | 280.70(a)        |
|  |          | c. Are the tank and piping empty?   |        |         | x      |     | 9.07(J)(3)       | 280.70(a)        |
|  |          | d. Was tank rendered inert?   |        |         |        |     | 9.07(J)(3)       |                  |
|  |          | e. Has all regulated substance, removed from the UST, been managed in accordance with applicable regulations? |        |         |        |     | 9.07(J)(3)       | 280.70(a)        |
|  |          | f. Is the fill pipe locked/secured to prevent access?   |        |         | x      |     | 9.07(J)(3)       | 280.70(b)(2)     |
|  |          | g. Have you notified the local fire department of your decision to take this UST temporarily out of service?  |        |         | x      |     | 9.07(J)(3)       |                  |
|  |          |   |        |         |        |     |                  |                  |
|  |          | <b>1.2 Returning to In Use</b>  |        |         |        |     |                  |                  |
|  |          | a. Date of return to "In Use" status (MM/DD/YYYY)   |        |         |        |     | 9.07(J)(3)       |                  |
|  |          | b. Have you notified the local fire department of your decision to return this UST to service?                |        |         |        |     | 9.07(J)(3)       |                  |
|  |          | c. Date of notification (MM/DD/YYYY)  |        |         |        |     |                  |                  |
|  |          | d. Only if requested by the local fire department, was a tightness test performed?                            |        |         |        |     | 9.07(J)(3)       |                  |
|  |          | e. Date of passing tightness test (MM/DD/YYYY)  |        |         |        |     |                  |                  |
|  |          | f. Name of testing company  |        |         |        |     |                  |                  |
|  |          |   |        |         |        |     |                  |                  |
|  |          | <b>1.3 Prior Notification to Remove or Permanently Closed</b>   |        |         |        |     |                  |                  |
|  |          | a. Anticipated date UST Removal or Closure in Place (MM/DD/YYYY)  |        |         |        | x   |                  | 280.71(a)        |
|  |          | b. UST Capacity (Gallons)   |        |         |        |     |                  |                  |
|  |          | c. Proposed UST disposition ( <i>check one: removed, closed in place</i> ):                                   |        |         |        |     |                  | 280.71(a)        |
|  |          |   |        |         |        |     |                  |                  |
|  |          |   |        |         |        |     |                  |                  |
|  |          |   |        |         |        |     |                  |                  |
|  |          |   |        |         |        |     |                  |                  |

Change of Tank Status Module

|  |  | Question Asked in MassDEP Form  | FP 290 | FP 290R | FP 289 | EPA | DFS Reg Citation        | EPA Reg Citation                  |
|--|--|---|--------|---------|--------|-----|-------------------------|-----------------------------------|
|  |  | <b>1.4 Registration of Removed or Permanently Closed</b>  |        |         |        |     |                         |                                   |
|  |  | a. UST final disposition (check one: removed, closed in place):   |        | x       |        | x   | 9.07(J)(1) & 9.07(K)(1) | 280.71(b)                         |
|  |  | b. UST Capacity (Gallons)   |        | x       |        |     |                         |                                   |
|  |  | c. Date UST Removed or Closed in Place (MM/DD/YYYY)   | x      | x       |        | x   | 9.07(J)(1) & 9.07(K)(1) | 280.71(a)                         |
|  |  | d. <b>Closed in place only</b> : did registered professional engineer verify removing this UST would threaten the structural integrity of a building or another UST?        |        |         |        |     | 9.07(J)(1)              |                                   |
|  |  | e. <b>Closed in place only</b> : was UST filled with appropriate material (e.g. concrete slurry mix or approved inert material)?  |        | x       |        | x   | 9.07(J)(1)              | 280.71(b)                         |
|  |  | f. Piping final disposition (check one: removed, closed in place, etc):   |        | x       |        |     | 9.07(K)(3)              |                                   |
|  |  | g. Prior to tank closure in place or within 24 hours of removal of tank/piping, did you measure for presence of a release of oil or hazardous materials to the environment? |        | x       |        | x   | 9.07(J)(1) & 9.07(K)(4) | 280.72(a)                         |
|  |  | h. Name of individual/consultant who measured for presence of a release:  |        | x       |        |     |                         |                                   |
|  |  | i. Did you have a reportable release under the MCP? If Yes, answer questions j. – l.  |        | x       |        | x   | 9.07(J)(1) & 9.07(K)(4) | 280.72(b)                         |
|  |  | j. MassDEP Release Tracking Number  |        | x       |        |     |                         |                                   |
|  |  | k. Source of release or threat of release:  |        |         |        |     |                         | Data required by EPA from MassDEP |
|  |  | l. Cause of release:  |        |         |        |     |                         | Data required by EPA from MassDEP |
|  |  |   |        |         |        |     |                         |                                   |
|  |  |   |        |         |        |     |                         |                                   |
|  |  | <b>1.5 Permanent Closure of Abandoned Tank</b>  |        |         |        |     |                         |                                   |
|  |  | a. Number of abandoned tanks found:   |        |         |        |     |                         |                                   |
|  |  | b. Describe where tank(s) was found at the facility.  |        |         |        |     |                         |                                   |
|  |  | c. UST final disposition (check one):   |        | x       |        | x   | 9.07(J)(1) & 9.07(K)(1) | 280.71(b)                         |
|  |  | d. UST Capacity (Estimated Gallons)   |        |         |        |     |                         |                                   |
|  |  | e. Date UST Removed or Closed in Place (MM/DD/YYYY)   |        | x       |        | x   | 9.07(J)(1) & 9.07(K)(1) | 280.71(a)                         |
|  |  | f. <b>Closed in place only</b> : did registered professional engineer verify removing this UST would threaten the structural integrity of a building or another UST?        |        |         |        |     | 9.07(J)(1)              |                                   |
|  |  | g. <b>Closed in place only</b> : was UST filled with appropriate material (e.g. concrete slurry mix or approved inert material)?  |        | x       |        | x   | 9.07(J)(1)              | 280.71(b)                         |

TPI Inspection Form  
Sections A-C, Owner and Facility

|          |  | <b>Question Asked in MassDEP Form</b>                   | <b>FP 289</b> | <b>DFS Reg Citation</b> | <b>EPA Reg Citation</b> | <b>Comments</b>   |
|----------|--|---|---------------|-------------------------|-------------------------|---|
|          |  | <b>Third Party Inspection Form</b>                      |               |                         |                         |   |
| <b>A</b> |  | <b>Basic Inspection Information</b>                     |               |                         |                         |   |
|          |  | a. Date of Inspection (MM/DD/YYYY)                      | x             |                         |                         |   |
|          |  | b. MassDEP Third-Party Inspector (TPI) Number           | x             |                         |                         |   |
|          |  | c. Third-Party Inspector (TPI) Name                     | x             |                         |                         |   |
|          |  | d. Company Name, if applicable                          | x             |                         |                         |   |
|          |  | e. Address 1  | x             |                         |                         |   |
|          |  | f. Address 2  | x             |                         |                         |   |
|          |  | g. City/Town  | x             |                         |                         |   |
|          |  | h. State  | x             |                         |                         |   |
|          |  | i. Zip Code   | x             |                         |                         |   |
|          |  | j. Primary Contact Phone Number                         | x             |                         |                         |   |
|          |  | k. Email Address  | x             |                         |                         |   |
|          |  |   |               |                         |                         |   |
|          |  |   |               |                         |                         |   |
| <b>B</b> |  | <b>Verify Owner/Operator Information</b>                |               |                         |                         |   |
|          |  | <b>1.0 Legal Owner of USTs</b>                          |               |                         |                         |   |
|          |  | a. Individual/Organization Name                         | x             |                         |                         |   |
|          |  | b. Contact Name   |               |                         |                         |   |
|          |  | c. Address 1 – Note: Enter mailing address of Owner.    | x             |                         |                         |   |
|          |  | d. Address 2  | x             |                         |                         |   |
|          |  | e. City/Town  | x             |                         |                         |   |
|          |  | f. State  | x             |                         |                         |   |
|          |  | g. Zip Code   | x             |                         |                         |   |
|          |  | h. Primary Contact Phone Number                         | x             |                         |                         |   |
|          |  | i. Emergency Phone Number                               |               |                         |                         |   |
|          |  |   |               |                         |                         |   |
|          |  |   |               |                         |                         |   |
|          |  | <b>2.0 Operator of USTs</b>                             |               |                         |                         |   |
|          |  | a. Individual/Organization Name                         |               |                         |                         | FP289 is unclear whether an organization's name should be entered or just a person's name |
|          |  | b. Contact Name   | x             |                         |                         |   |
|          |  | c. Address 1 – Note: Enter mailing address of Operator. | x             |                         |                         |   |
|          |  | d. Address 2  | x             |                         |                         |   |
|          |  | e. City/Town  | x             |                         |                         |   |
|          |  | f. State  | x             |                         |                         |   |
|          |  | g. Zip Code   | x             |                         |                         |   |
|          |  | h. Primary Contact Phone Number                         | x             |                         |                         |   |
|          |  | i. Emergency Phone Number                               | x             |                         |                         | FP 290 & FP 289 ask for Home Phone  |

TPI Inspection Form  
Sections A-C, Owner and Facility

|   |  |  | Question Asked in MassDEP Form   | FP 289 | DFS Reg Citation                 | EPA Reg Citation | Comments                        |
|---|--|--|--|--------|----------------------------------|------------------|---------------------------------|
| C | <b>Verify Facility Information</b>             |  |  |        |                                  |                  |                                 |
|   | <b>1.0 Facility Location &amp; Description</b> |  |  |        |                                  |                  |                                 |
|   |  |  | MassDEP Facility Number  | x      |                                  |                  |                                 |
|   |  |  | DFS Facility ID (if known)   |        |                                  |                  |                                 |
|   |  |  | a. Facility Name   | x      |                                  |                  |                                 |
|   |  |  | b. Address 1 – Note: Enter physical street address (no P.O. boxes).  | x      |                                  |                  |                                 |
|   |  |  | c. Address 2   | x      |                                  |                  |                                 |
|   |  |  | d. City/Town   | x      |                                  |                  |                                 |
|   |  |  | e. County  | x      |                                  |                  |                                 |
|   |  |  | f. State   | x      |                                  |                  |                                 |
|   |  |  | g. Zip Code  | x      |                                  |                  |                                 |
|   |  |  | h. Phone Number at Facility  | x      |                                  |                  |                                 |
|   |  |  | i. Is there a site or plot plan of the facility that shows all USTs, related components, buildings and proximate locations of any public or private well and of any body of surface water within 500 feet of the facility? | x      | 9.07(M)(2)(D) &<br>9.07(M)(3)(b) |                  |                                 |
|   |  |  | j. Is emergency shut-off device or electrical disconnect clearly identified? (device is usually located inside the building)   |        | 9.07(R)(c)1 & 5.07(5)            |                  | for garages & services stations |
|   |  |  |  |        |                                  |                  |                                 |
|   |  |  |  |        |                                  |                  |                                 |
|   | <b>2.0 Permit and Tank Status Information</b>  |  |  |        |                                  |                  |                                 |
|   |  |  | a. Is a current Certificate of Registration (Form FP-5) on-site or readily available for review?   | x      | 9.07(P)(3)                       |                  | combines 2 questions from FP289 |
|   |  |  | b. Is a current permit to maintain a new or existing UST facility (Form FP-290 Part 3) conspicuously posted or kept on the premises?   | x      | 9.07(M)(1)                       |                  |                                 |
|   |  |  | c. How many USTs are at the facility?  | x      |                                  |                  |                                 |
|   |  |  | d. How many DEP-assigned groups of USTs are at the facility?   |        |                                  |                  |                                 |
|   |  |  | e. Is the most recent MassDEP UST Registration Form on-site or readily available for review?   | x      | 9.07(P)(3)                       |                  |                                 |
|   |  |  | f. Are all regulated USTs registered with MassDEP?   | x      |                                  | 280.22           | FP289 asks if FP290 is accurate |
|   |  |  | g. Indicate current tank status:   | x      |                                  |                  |                                 |
|   |  |  | h. Does current UST status match MassDEP registration data?  | x      |                                  |                  |                                 |
|   |  |  |  |        |                                  |                  |                                 |
|   |  |  |  |        |                                  |                  |                                 |

TPI Inspection Form  
Sections A-C, Owner and Facility

|  |  |  | <b>Question Asked in MassDEP Form</b>             | <b>FP 289</b> | <b>DFS Reg Citation</b> | <b>EPA Reg Citation</b> | <b>Comments</b>   |
|--|--|--|---|---------------|-------------------------|-------------------------|---|
|  |  |  |   |               |                         |                         |   |
|  |  |  | <i>not in final version of new form</i>           |               |                         |                         |   |
|  |  |  | Is financial responsibility verified?             | x             |                         |                         | new form has an owner certification statement regarding meeting FR requirements |
|  |  |  | Verify that A, B, & C Operators have been trained | x             |                         |                         |   |

TPI Inspection Form  
Section D, UST System Basics

|                                    |   | Question Asked in MassDEP Form | FP 289                              | DFS Reg Citation   | EPA Reg Citation | Comments               |
|------------------------------------|---|--------------------------------|-------------------------------------|--------------------|------------------|------------------------|
| <b>Third Party Inspection Form</b> |   |                                |                                     |                    |                  |                        |
| <b>D</b>                           | <b>UST System Basic Description</b>   |                                |                                     |                    |                  |                        |
|                                    | <b>1.0 Tank Basic Description</b>   |                                |                                     |                    |                  |                        |
|                                    | a. Owner's Designation (e.g. Middle Tank, Waste Oil, etc.)  | X                              |                                     |                    |                  |                        |
|                                    | b. MassDEP Regulated Object Name (if known)   |                                |                                     |                    |                  |                        |
|                                    | c. Tank Serial Number (if known)  | X                              |                                     |                    |                  |                        |
|                                    | d. Date of Installation (MM/DD/YYYY; enter 05/08/1986 if unknown;)                                      |                                |                                     |                    |                  |                        |
|                                    | e Date of most recent TPI inspection of this UST (MM/DD/YYYY)   |                                | 9.07(P)                             |                    |                  | contained in the FP290 |
|                                    | f. Is this a split (compartment) tank?  | X                              |                                     |                    |                  |                        |
|                                    | g. Capacity of UST/compartment (Gallons)  | X                              |                                     |                    |                  |                        |
|                                    | h. Contents/Regulated Substance:  | X                              |                                     |                    |                  |                        |
|                                    | i. If storing gasoline or diesel, what is its use?  | X                              |                                     |                    |                  |                        |
|                                    | j. Hazardous Material(s): CAS number(s)   |                                |                                     |                    |                  | contained in the FP290 |
|                                    | k. Hazardous Waste(s): RCRA Number(s)   |                                |                                     |                    |                  | contained in the FP290 |
|                                    | l. Mixture of Substances: Product Name(s) / CAS Number(s)   |                                |                                     |                    |                  | contained in the FP290 |
|                                    | m. If Other Regulated Substance, please describe  |                                |                                     |                    |                  | contained in the FP290 |
|                                    | n. The following exemption categories are applicable to this UST (emergency generator, Waste oil, etc): | X                              |                                     |                    |                  |                        |
|                                    |   |                                |                                     |                    |                  |                        |
|                                    |   |                                |                                     |                    |                  |                        |
|                                    | <b>2.0 Tank Construction</b>  |                                |                                     |                    |                  |                        |
|                                    | a. Tank construction material: (cath protected steel, FRP, HPDE, etc)                                   | X                              | 9.05(A) & 9.05(G)(9-10)             | 280.20(a)          |                  |                        |
|                                    | b. Type of tank construction (single, double-walled)  | X                              | 9.05(A) & 9.05(D)(6)                |                    |                  |                        |
|                                    | c. Was the tank relined?  |                                | 9.05(G)(10) & 9.07(I)(1)            | 280.21(b)(1) & (3) |                  | contained in the FP290 |
|                                    | d. Does the tank's excavation zone have a secondary impermeable barrier?                                |                                |                                     | 280.43(g)(2)       |                  | contained in the FP290 |
|                                    |   |                                |                                     |                    |                  |                        |
|                                    |   |                                |                                     |                    |                  |                        |
|                                    | <b>3.0 Product Piping Construction</b>  |                                |                                     |                    |                  |                        |
|                                    | a. Product piping construction material: (flexible, cath protected steel, FRP, etc)                     | X                              | 9.05(B) & 9.05(G)(9)                | 280.20(b)          |                  |                        |
|                                    | b. Product piping type of construction (single, double walled)  | X                              | 9.05(B) & 9.05(D)(6)                |                    |                  |                        |
|                                    | c. Product piping type (pressurized, European, gravity, etc):   | X                              | 9.05(B), 9.05(G)(6-8), & 9.07(E)(2) |                    |                  |                        |
|                                    | d. How many product piping runs are there per tank/compartment? (enter number)                          | X                              |                                     |                    |                  |                        |

TPI Inspection Form  
Section D, UST System Basics

|  |  | <b>Question Asked in MassDEP Form</b>  | <b>FP 289</b> | <b>DFS Reg Citation</b> | <b>EPA Reg Citation</b> | <b>Comments</b>  |
|--|--|--|---------------|-------------------------|-------------------------|--|
|  |  | e. For gravity fed systems <i>only</i> , is there a device, such as a solenoid valve, installed to prevent gravity flow from the tank in case of piping failure?   |               | 9.05(B)(8)              |                         |  |
|  |  | f. Have sections of piping been repaired or replaced since last TPI Inspection? <i>If Yes, describe below</i>  |               |                         | 280.33(c), (d), & (f)   | contained in the FP290   |
|  |  | g. Indicate on site plan where piping was repaired or replaced.  |               |                         |                         | FP 289 asks for hand sketch of UST facility including layout of UST system |
|  |  | h. For flexible piping <i>only</i> , were any of following conditions observed: swelling, elongation, kinking, wrinkling, blistering, delaminating, softness, mold growth, or other abnormalities? <i>(enter P, PC, F, or N/A)</i> | x             |                         |                         |  |
|  |  |  |               |                         |                         |  |
|  |  |  |               |                         |                         |  |
|  |  | <b>4.0 Not in Use USTs</b>   |               |                         |                         |  |
|  |  | <b>4.1 Temporarily Out of Service (TOS)</b>  |               |                         |                         |  |
|  |  | a. Date UST taken out of service. (MM/DD/YYYY)   | x             | 9.07(J)(3)              | 280.70                  |  |
|  |  | b. Is UST within calculated end date for being Temporarily Out of Service?   | x             | 9.07(J)(3)              | 280.70                  |  |
|  |  | c. Is corrosion protection operational?  |               | 9.07(J)(3)              | 280.70(a)               |  |
|  |  | d. Is the UST (including piping) empty?  | x             | 9.07(J)(3)              | 280.70(a) & (b)         |  |
|  |  | e. All regulated content removed from UST and managed in accordance with applicable regulations?   |               | 9.07(J)(3)              |                         |  |
|  |  | f. Fill pipe locked/secured?   | x             | 9.07(J)(3)              | 280.70(b)(2)            |  |
|  |  | g. Was UST rendered inert?   |               | 9.07(J)(3)              |                         |  |
|  |  | h. Is documentation available to show that local fire department was notified of UST being taken temporarily out of service?   | x             | 9.07(J)(3)              |                         |  |
|  |  |  |               |                         |                         |  |
|  |  |  |               |                         |                         |  |
|  |  | <b>4.2 Removed, Permanently Closed In Place, or Not Registered/Not in Use</b>  |               |                         |                         |  |
|  |  | a. Based on documentation provided, was UST removed or permanently closed in place in accordance with the regulations?   |               |                         | 280.74                  |  |
|  |  | b. UST capacity (Gallons)  |               |                         |                         |  |
|  |  | c. Substance last stored   |               |                         |                         |  |
|  |  | d. Last date of use (MM/DD/YYYY) – <i>Estimate if unknown</i>  |               |                         |                         |  |
|  |  | e. Date UST removed or closed in place (MM/DD/YYYY)  |               | 9.07(J)(1) & 9.07(K)(1) | 280.71(a)               |  |
|  |  | f. Final disposition of tank (check one: closed in place, removed):  |               | 9.07(J)(1) & 9.07(K)(1) | 280.71(b)               |  |
|  |  | g. <i>If removed</i> , was the tank replaced with another tank?  |               |                         |                         |  |



TPI Inspection Form  
Section D, UST System Basics

|  |  | <b>Question Asked in MassDEP Form</b>  | <b>FP 289</b> | <b>DFS Reg Citation</b>              | <b>EPA Reg Citation</b> | <b>Comments</b> |
|--|--|--|---------------|--------------------------------------|-------------------------|-----------------|
|  |  | h. <i>If closed in place</i> , did registered professional engineer verify removing this UST would threaten structural integrity of building or another UST?   |               | 9.07(J)(1)                           |                         |                 |
|  |  | i. <i>If closed in place</i> , was tank filled with appropriate material (e.g. concrete slurry mix or approved inert material)?  |               | 9.07(J)(1)                           | 280.71(b)               |                 |
|  |  | j. Final disposition of piping ( <i>check one: closed in place, removed, etc</i> ):  |               | 9.07(K)(3)                           |                         |                 |
|  |  | k. Prior to closure or within 24 hours of removal of tank/piping, did owner or operator measure for presence of a release of oil or hazardous materials to the environment?                            |               | 9.07(J)(1) & 9.07(K)(4)              | 280.72(a)               |                 |
|  |  |  |               |                                      |                         |                 |
|  |  |  |               |                                      |                         |                 |
|  |  |  |               |                                      |                         |                 |
|  |  | <b>5.0 UST Installation Compliance</b>   |               |                                      |                         |                 |
|  |  | a. Have all manufacturers' installation check lists been fully completed for the following UST system elements?  |               |                                      | 280.20(e)               |                 |
|  |  | i. Tank & Piping   |               |                                      |                         |                 |
|  |  | ii. Corrosion Protection for Tank & Piping   |               |                                      |                         |                 |
|  |  | iii. Leak Detection for Tank & Piping  |               |                                      |                         |                 |
|  |  | b. Indicate who inspected the UST installation ( <i>check all that apply: TPI, PE, Fire</i> ).   |               |                                      | 280.20(e)               |                 |
|  |  | c. Was installation carried out in accordance with manufacturer's recommendations, accepted engineering practices, and the regulations?  |               |                                      | 280.20(e)               |                 |
|  |  |  |               |                                      |                         |                 |
|  |  |  |               |                                      |                         |                 |
|  |  | <b>6.0 Dispenser Information</b>   |               |                                      |                         |                 |
|  |  | a. Is dispenser equipped with a dispenser sump?  |               | 9.05(B)(11), 9.05(D)(6) & 9.07(E)(8) |                         |                 |
|  |  | b. Is sump monitoring for presence of liquids?   |               | 9.05(B)(11), 9.05(D)(6) & 9.07(E)(8) |                         |                 |
|  |  | c. Is sump clean and free of debris and liquid?  |               | 9.07(S)(2)(c)8                       |                         |                 |
|  |  | d. On a remote pumping system, is dispenser equipped with listed rigidly anchored emergency shut-off valve incorporating a fusible link or other thermally actuated device that is properly connected? |               | 9.07(E)(5)                           |                         |                 |
|  |  | e. Is emergency shut-off valve installed at base of each individual island-type dispenser? ( <i>for pressurized piping only</i> )  |               | 9.07(E)(5)                           |                         |                 |
|  |  | f. Is emergency shut-off valve tight, dry and not leaking?   |               | 9.07(S)(2)(c)8                       |                         |                 |

TPI Inspection Form  
Section D, UST System Basics

|  |  | <b><i>Question Asked in MassDEP Form</i></b>                           | <b><i>FP 289</i></b> | <b><i>DFS Reg Citation</i></b> | <b><i>EPA Reg Citation</i></b> | <b><i>Comments</i></b> |
|--|--|--|----------------------|--------------------------------|--------------------------------|------------------------|
|  |  | g. Is dispenser in good condition and properly secured to pump island? |                      | 9.07(S)(2)(c)8                 |                                |                        |
|  |  | h. Dispenser is <u>not</u> leaking product.                            |                      | 9.07(S)(2)(c)8                 |                                |                        |
|  |  | i. Has hold open device been removed from nozzle?                      |                      | 9.07(S)(2)(c)8 & 5.08(k)       |                                |                        |

TPI Inspection Form  
Section E, Leak Detection

|                                    |   | Question Asked in MassDEP Form | FP 289  | DFS Reg Citation            | EPA Reg Citation                                 | Comments |
|------------------------------------|---|--------------------------------|---|-----------------------------|--|----------|
| <b>Third Party Inspection Form</b> |   |                                |   |                             |  |          |
| <b>E</b>                           | <b>Leak Detection</b>   |                                |   |                             |  |          |
|                                    | <b>1.0 Tank &amp; Piping Leak Detection Equipment</b>   |                                |   |                             |  |          |
|                                    | a. Indicate <b>tank</b> leak detection in use ( <i>ATG, IM, SIR, Soil; Complete each applicable subsection</i> ):         | x                              | 9.05(A)(3)(a), 9.05(D)(2), 9.05(D)(6), & 9.05(G)(4) | 280.43                      |  |          |
|                                    | b. If Not Applicable or None, please describe   | x                              |   |                             |  |          |
|                                    | c. Type of <b>pipe</b> leak detection ( <i>check all that apply: IM, ALLD, SIR, etc</i> ):                                | x                              | 9.05(B), 9.05(G)(6) & 9.07(E)(4)                    | 280.44                      |  |          |
|                                    | d. If Other or Not Applicable, please describe  | x                              |   |                             |  |          |
|                                    |   |                                |   |                             |  |          |
|                                    |   |                                |   |                             |  |          |
|                                    |   |                                |   |                             |  |          |
|                                    | <b>2.0 Automatic Tank Gauge (ATG)</b>   |                                |   |                             |  |          |
|                                    | a. Type of ATG: ( <i>static, CLDS</i> )   | x                              |   |                             | Static & CLDS questions combined in MassDEP Form |          |
|                                    | b. Console Make   | x                              |   |                             |  |          |
|                                    | c. Console Model Number   | x                              |   |                             |  |          |
|                                    | d. Is ATG listed on NWGLDE website  | r                              | 9.05(D)(2)(a)                                       | 280.40(a)(3) & 280.43(d)(1) | Replaces several FP 289 questions                |          |
|                                    | e. At time of inspection, was ATG turned on and operational?  | x                              | 9.05(D)(3)  | 280.40(a)(1)                |  |          |
|                                    | f. For static ATG <i>only</i> : Is ATG six-hour in-tank test performed and passed at least monthly?                       | x                              | 9.05(D)(2)(a)2                                      |                             |  |          |
|                                    | g. Date of most recent equipment certification (MM/DD/YYYY)   | r                              | 9.05(D)(3)  | 280.40(a)(2)                | Replaces several FP 289 questions                |          |
|                                    | h. Since last TPI inspection, have equipment certifications been done at required frequency as specified by manufacturer? | r                              | 9.05(D)(3)  | 280.40(a)(2)                | Replaces several FP 289 questions                |          |
|                                    |   |                                |   |                             |  |          |
|                                    | <i>not in final version of new form</i>   |                                |   |                             |  |          |
|                                    | Probe Type & Model  | x                              |   |                             |  |          |
|                                    | Owners manual for console & probes on-site  | x                              |   |                             |  |          |
|                                    |   |                                |   |                             |  |          |
|                                    |   |                                |   |                             |  |          |
|                                    | <b>3.0 Interstitial Space Monitoring for Tanks and Piping</b>   |                                |   |                             |  |          |
|                                    | a. Interstitial space monitoring system is: ( <i>manual, electronic</i> )   |                                |   |                             |  |          |
|                                    | b. Interstitial space is filled with: ( <i>liquid, air, pressure/vac</i> )  | x                              |   |                             |  |          |
|                                    | c. Type of interstitial sensor in use: ( <i>liquid, discriminating, pressure</i> )  | x                              |   |                             |  |          |
|                                    | d. Console Make   | x                              |   |                             |  |          |

TPI Inspection Form  
Section E, Leak Detection

|  |  | <b>Question Asked in MassDEP Form</b>  | <b>FP 289</b> | <b>DFS Reg Citation</b>                | <b>EPA Reg Citation</b> | <b>Comments</b>                   |
|--|--|--|---------------|--|-------------------------|-----------------------------------|
|  |  | e. Console Model Number  | x             |  |                         |                                   |
|  |  | f. Sensor Make   | x             |  |                         |                                   |
|  |  | g. Is interstitial space monitoring system listed on NWGLDE website?   | r             | 9.05(B)(1), 9.05(D)(2)(b) & 9.05(D)(6) | 280.40(a)(3)            | Replaces several FP 289 questions |
|  |  | h. At time of inspection, was system turned on and operational?  | x             | 9.05(D)(3)                             | 280.40(a)(1)            |                                   |
|  |  | i. For manual systems only, is system checked for leaks at least monthly?  |               | 9.05(D)(3)                             | 280.41(a)               |                                   |
|  |  | j. Date of most recent equipment certification (MM/DD/YYYY)  | r             | 9.05(D)(3)                             | 280.40(a)(2)            | Replaces several FP 289 questions |
|  |  | k. Since last TPI inspection, have equipment certifications been done at required frequency as specified by manufacturer?                        | r             | 9.05(D)(3)                             | 280.40(a)(2)            | Replaces several FP 289 questions |
|  |  | l. Do records show evidence of a leak or malfunction in interstitial space ?   | x             | 9.05(D)(2)(b)2 & 9.05(D)(7)            | 280.40(a)               |                                   |
|  |  | m. Are tank and piping sump(s) clear and free from debris and liquid and are the sump sensors properly positioned?                               | x             | 9.05(D)(3) & 9.07(S)(2)(c)5            | 280.40(a)               |                                   |
|  |  | n. Are tank and piping sump(s) accessible to allow owner/operator to check for presence of water or product?                                     |               | 9.05(D)(3)                             | 280.40(a)               |                                   |
|  |  | o. Is there an up-to-date written log of sump checks?  |               | 9.07(S)(2)(c)5                         |                         |                                   |
|  |  | p. Is the test boot operational in such a way that it allows product to flow to sump?  |               | 9.05(D)(3)                             | 280.40(a)               |                                   |
|  |  |  |               |  |                         |                                   |
|  |  |  |               |  |                         |                                   |
|  |  | <i>not in final version of new form</i>  |               |  |                         |                                   |
|  |  | Sensor Model   | x             |  |                         |                                   |
|  |  |  |               |  |                         |                                   |
|  |  |  |               |  |                         |                                   |
|  |  | <b>4.0 Statistical Inventory Reconciliation (SIR) for Tanks and Piping</b>   |               |  |                         |                                   |
|  |  | a. Method Name   | x             | 9.05(D)(2)(c)                          |                         |                                   |
|  |  | b. Is SIR method capable of detecting a leak of 0.2 gph with probability of detection set at 0.95 and probability of false positive set at 0.05? |               | 9.05(D)(2)(a)2                         | 280.43(h)(1)            |                                   |
|  |  | c. Is there documentation of analysis being performed by third party certified in statistical inventory reconciliation?                          |               | 9.05(D)(7)                             |                         |                                   |
|  |  | d. Name of certified third party performing SIR Analysis   |               | 9.05(D)(2)(c)                          |                         |                                   |

TPI Inspection Form  
Section E, Leak Detection

|  |  | <b>Question Asked in MassDEP Form</b>  | <b>FP 289</b> | <b>DFS Reg Citation</b> | <b>EPA Reg Citation</b>  | <b>Comments</b> |
|--|--|--|---------------|-------------------------|--------------------------|-----------------|
|  |  | e. Through use of approved in-tank monitoring system, has facility prepared, reconciled, and maintained daily inventory control records for each tank?                         | x             | 9.05(E)(1)              | 280.43(a)                |                 |
|  |  | f. Does tank gauge installed in tank used to generate data for SIR analysis have a resolution of 1/10 of an inch or better?  |               | 9.05(D)(2)(c)4          |                          |                 |
|  |  | g. Is tank gauge stick readily available and can it be read clearly to 1/8 of an inch?   | x             |                         | 280.43(a)(2)             |                 |
|  |  | h. Are SIR results kept on site or readily available for review?   | x             | 9.05(D)(7)              | 280.34(c)                |                 |
|  |  | i. Are SIR results received by owner from vendor within 30 days of data submittal?   | x             | 9.05(D)(7)              | 280.41(a)                |                 |
|  |  | j. Do SIR results indicate a sufficient amount of data was used to perform leak check?   | x             | 9.05(D)(2)(c)           |                          |                 |
|  |  |  |               |                         |                          |                 |
|  |  |  |               |                         |                          |                 |
|  |  |  |               |                         |                          |                 |
|  |  | <b>5.0 Soil Vapor Monitoring for Tanks and Piping</b>  |               |                         |                          |                 |
|  |  | a. Soil Vapor Monitoring Frequency ( <i>check one: monthly, continuous</i> ):  |               | 9.05(G)(4)(c & d)       | 280.41(a) & 280.43(e)(3) |                 |
|  |  | b. Was monitoring done at specified frequency?   |               | 9.05(G)(4)(c & d)       | 280.40(a)(2) & 280.41(a) |                 |
|  |  | c. Console Make  |               |                         |                          |                 |
|  |  | d. Console Model Number  |               |                         |                          |                 |
|  |  | e. Is soil vapor monitor listed on NWGLDE website?   |               |                         |                          |                 |
|  |  | f. Based on documentation, is material used as backfill sufficiently porous (e.g. pea gravel or sand) to readily allow diffusion of vapors from releases into excavation zone? |               |                         | 280.43(e)(1)             |                 |
|  |  | g. Is site evaluation report on site verifying above information and that background contamination will not interfere with vapor monitoring?                                   |               |                         | 280.43(e)(3)-(5)         |                 |
|  |  | h. Are vapor monitors checking the excavation zone from any portion of tank and piping that routinely contains product?  |               |                         | 280.43(e)(6)             |                 |
|  |  |  |               |                         |                          |                 |
|  |  |  |               |                         |                          |                 |
|  |  | <b>6.0 Automatic Line Leak Detectors (ALLD) for Pressurized Piping Only</b>  |               |                         |                          |                 |
|  |  | a. Automatic line leak detector type: ( <i>Electronic, mechanical</i> )  | x             |                         |                          |                 |
|  |  | b. ALLD Make/Manufacturer  | x             |                         |                          |                 |

TPI Inspection Form  
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|  |  | <b>Question Asked in MassDEP Form</b>  | <b>FP 289</b> | <b>DFS Reg Citation</b>    | <b>EPA Reg Citation</b>  | <b>Comments</b>                   |
|--|--|--|---------------|----------------------------|--------------------------|-----------------------------------|
|  |  | c. Is ALLD listed on NWGLDE website for use with type of piping installed?   | r             | 9.05(G)(6)(b)              | 280.40(a)(3) & 280.44(a) | Replaces several FP 289 questions |
|  |  | d. Is the ALLD operational?  | x             | 9.05(B)(1) & 9.05(G)(6)b   | 280.40(a)(1)             |                                   |
|  |  | e. Is entire piping system covered by the ALLD?  | x             | 9.05(B)(1) & 9.05(G)(6)b   | 280.40(a)                |                                   |
|  |  | f. Can ALLD detect 0.1 gph at 1.5 times the operating pressure with 100% probability of detection and 0% probability of false alarm?   |               | 9.05(G)(6)(b)4             | 280.44(b)                |                                   |
|  |  | g. If Yes, is there documentation that facility utilized this 0.1 gph leak detection capacity of the ALLD in lieu of the annual line tightness test?                                       |               | 9.05(D)(7) & 9.05(G)(6)(b) | 280.44(b)                |                                   |
|  |  | h. Since last TPI inspection, has annual operation test of ALLD been done at required frequency?   | x             | 9.05(D)(3)                 | 280.44(a)                |                                   |
|  |  | i. Date of most recent annual test (MM/DD/YYYY)  |               | 9.05(D)(7)                 | 280.34 & 280.45          |                                   |
|  |  |  |               |                            |                          |                                   |
|  |  | <i>not in final version of new form</i>  |               |                            |                          |                                   |
|  |  | Distinction between Auto Shut-off, Restrictor, and Audible/Visual Alarm  | x             |                            |                          |                                   |
|  |  | ALLD Model Number  | x             |                            |                          |                                   |
|  |  |  |               |                            |                          |                                   |
|  |  |  |               |                            |                          |                                   |
|  |  | <b>7.0 European Suction (Piping Only)</b>  |               |                            |                          |                                   |
|  |  | a. Is there documentation or other evidence indicating that piping slopes back to tank and operates under atmospheric pressure or less? (e.g. design plans, as-built plans, FD approvals). | x             | 9.05(B)(1)                 | 280.41(b)(2)i - ii       |                                   |
|  |  | b. Is only one check valve used?   | x             | 9.07(E)(2)                 | 280.41(b)(2)iii          |                                   |
|  |  | c. Is check valve directly under dispensing pump?  | x             | 9.05(B)(1)                 | 280.41(b)(2)iv           |                                   |
|  |  | d. If European Suction system indicated a potential symptom of a leak, were all required notification, testing and/or investigative procedures followed?                                   |               | 9.07(E)(7)                 | Subpart E                |                                   |
|  |  |  |               |                            |                          |                                   |
|  |  |  |               |                            |                          |                                   |
|  |  |  |               |                            |                          |                                   |
|  |  | <b>8.0 Periodic Tightness Testing for Tanks, Pressurized Piping, &amp; Non-European Suction</b>  |               |                            |                          |                                   |
|  |  | a. Does the test method meet EPA's and MassDEP's criteria of 0.1 gph tightness test?   | x             | 9.05(F)(7)                 | 280.43(c) & 280.44(b)    |                                   |
|  |  | b. Tank test procedure name  |               | 9.05(F)(8)                 |                          |                                   |
|  |  | c. Date of most recent tank tightness test (MM/DD/YYYY)  |               | 9.05(D)(3)                 |                          | contained in the FP290            |
|  |  | d. Did tank pass its most recent test?   |               | 9.05(D)(3)                 |                          |                                   |

TPI Inspection Form  
Section E, Leak Detection

|  |  | <b>Question Asked in MassDEP Form</b>  | <b>FP 289</b> | <b>DFS Reg Citation</b>  | <b>EPA Reg Citation</b>    | <b>Comments</b>   |
|--|--|--|---------------|--|----------------------------|---|
|  |  | e. Is tank tightness tested every two years <i>(for SIR leak detection only)</i> ?   |               | 9.05(F)(3)   |                            |   |
|  |  | f. Piping test procedure name  | x             | 9.05(F)(8)   |                            |   |
|  |  | g. Is piping tightness test conducted annually <i>(for pressurized piping only)</i> ?  | x             | 9.05(G)(6)(b)  | 280.41(b)(1)ii             |   |
|  |  | h. Is piping tightness test conducted every 3 years <i>(non-European suction piping without IM only)</i> ?                               | x             | 9.05(F)(4) & 9.05(G)(8)(b)   | 280.41(b)(2)               |   |
|  |  | i. Date of most recent piping tightness test (MM/DD/YYYY)  |               | 9.05(D)(3)   | 280.41(b)                  | contained in the FP290                                  |
|  |  | j. Did the piping pass its most recent test?   | x             | 9.05(D)(3)   |                            |   |
|  |  | k. Are most recent tank and piping tightness test results on site or readily available?  | x             | 9.05(D)(7)   | 280.45(b) & 280.34(c)      |   |
|  |  | l. If tank/piping failed tightness testing, were all required notification, testing and/or investigation procedures followed?            |               | 9.05(F)(2) & 9.07(H)   | Subpart E                  |   |
|  |  |  |               |  |                            |   |
|  |  |  |               |  |                            |   |
|  |  |  |               |  |                            |   |
|  |  | 9.0 Leak Detection Records (Answer for all Tank & Piping Leak Detection Types)   |               |  |                            |   |
|  |  | a. Are all system maintenance records on site or readily available for review?   | x             | 9.05(D)(7)   | 280.45(c) & 280.34(c)      | FP289 asks this question for each leak detection device |
|  |  | b. Does facility take a confirmatory water measurement at least once a month?  | x             | 9.05(D)(4)   | 280.43(a)(6)               | FP289 asks this question in SIR                         |
|  |  | c. Are all release detection records on site or readily available for review?  | x             | 9.05(D)(7)   | 280.45(b) & & 280.34(c)    |   |
|  |  | d. Do release detection records indicate operation without evidence of a leak of a malfunction in the last 12 months?                    | x             | 9.07(D)(7)   | 280.45(b) & & 280.34(b)(4) |   |
|  |  | e. Number of inconclusive months in the last 12 months   | x             |  |                            |   |
|  |  | f. Number of failed months in the last 12 months   | x             |  |                            |   |
|  |  | g. For any inconclusive or failed month(s), were all required notification, testing and/or investigation procedures followed?            |               | 9.05(D)(2)(a)3,<br>9.05(D)(2)(b)2,<br>9.05(D)(2)(c)(1-2),<br>9.05(D)(2)(d)(2-3),<br>9.05(F)(2-3), 9.07(E)(7), &<br>9.07(H) | Subpart E                  |   |
|  |  | h. For any inconclusive or failed month(s), are there records which indicate the system and/or its components were repaired or replaced? |               | 9.05(D)(7)   | 280.33(f)                  |   |

TPI Inspection Form  
Section F Overfill Spill Prevention

|                                    |  | Question Asked in MassDEP Form   | FP 289 | DFS Reg Citation        | EPA Reg Citation | Comments                        |
|------------------------------------|--|--|--------|-------------------------|------------------|---------------------------------|
| <b>Third Party Inspection Form</b> |  |  |        |                         |                  |                                 |
| <b>F</b>                           | <b>Overfill Prevention &amp; Spill Containment</b> |  |        |                         |                  |                                 |
|                                    | <b>1.0 General</b>                                 |  |        |                         |                  |                                 |
|                                    |  | a. Is an overfill prevention device installed?   | x      | 9.05(A)(8) & 9.05(G)(2) | 280.20(c)(ii)    |                                 |
|                                    |  | b. Is a spill containment device installed?  | x      | 9.05(A)(7) & 9.05(G)(2) | 280.20(c)(i)     |                                 |
|                                    |  | c. How is the UST filled ( <i>gravity, pumped flow</i> ) ?   | x      |                         |                  |                                 |
|                                    |  | d. Is filler pipe installed and functional?  | x      | 9.07(B)                 |                  | FP 289 has this question in SIR |
|                                    |  | e. Is filler pipe without any observed abnormalities, especially at the connection to tank and spill containment device?   | x      |                         |                  |                                 |
|                                    |  |  |        |                         |                  |                                 |
|                                    |  |  |        |                         |                  |                                 |
|                                    | <b>2.0 Overfill Prevention Device</b>              |  |        |                         |                  |                                 |
|                                    |  | a. Indicate overfill prevention device installed (AS, BFV, HLA, none):   | x      | 9.05(A)(8) & 9.05(G)(3) | 280.20(c)(ii)    |                                 |
|                                    |  | b. If None or Other, please explain  |        |                         |                  |                                 |
|                                    |  | c. Does owner/operator have in place procedures to ensure that releases due to spilling or overfilling do not occur?   | x      | 9.07(C)                 | 280.030(a)       |                                 |
|                                    |  | d. AS only: Is automatic shut-off float valve installed to automatically shut off flow into tank when tank is no more than 95 percent full?  | x      | 9.05(A)(8) & 9.05(G)(3) | 280.20(c)(ii)    |                                 |
|                                    |  | e. AS only: Does visual observation indicate that fill drop tube is unobstructed by anything that would render the shut-off device ineffective?                                      | x      | 9.05(A)(8) & 9.05(G)(3) |                  |                                 |
|                                    |  | f. BFV only: Is ball float valve installed to alert individual delivering product by restricting flow into tank when tank is no more than 90 percent full?                           | x      | 9.05(A)(8) & 9.05(G)(3) | 280.20(c)(ii)    |                                 |
|                                    |  | g. BFV only: Is valve and/or vent restrictor material compatible with UST system configuration, product, delivery and use?   | x      | 9.05(A)(8) & 9.05(G)(3) |                  |                                 |
|                                    |  | h. HLA only: Is high level alarm installed to trigger a high level alarm to alert individual delivering the product when tank is no more than 90 percent full?                       | x      | 9.05(A)(8) & 9.05(G)(3) | 280.20(c)(ii)    |                                 |
|                                    |  | i. HLA only: Is alarm audible or visible to driver at point of transfer?   | x      | 9.05(A)(8) & 9.05(G)(3) |                  |                                 |
|                                    |  |  |        |                         |                  |                                 |
|                                    |  |  |        |                         |                  |                                 |
|                                    | <b>3.0 Spill Containment Device</b>                |  |        |                         |                  |                                 |
|                                    |  | a. Is this a pressure-filled system installed on or before 1/1/1989 and does the UST have audible alarm and tight connection? If Yes, no spill bucket is needed, skip to question g. |        | 9.05(G)(2)              |                  |                                 |



TPI Inspection Form  
Section F Overfill Spill Prevention

|  |  | <b>Question Asked in MassDEP Form</b>  | <b>FP 289</b> | <b>DFS Reg Citation</b>     | <b>EPA Reg Citation</b> | <b>Comments</b>                         |
|--|--|--|---------------|-----------------------------|-------------------------|---|
|  |  | b. Is size of spill bucket at least 3 gallons?   | x             | 9.05(A)(7) & 9.05(G)(2)     |                         |   |
|  |  | c. Is spill bucket clean and free of debris and liquid?  | x             | 9.07(P)(4) & 9.07(S)(2)(c)3 |                         |   |
|  |  | d. Is spill bucket without any observed cracks, holes, or defects?   | x             | 9.07(P)(4) & 9.07(S)(2)(c)3 |                         |   |
|  |  | e. Is spill cover without any observed cracks, holes, or defects?  | x             | 9.07(P)(4) & 9.07(S)(2)(c)3 |                         |   |
|  |  | f. Are the records that demonstrate the facility properly stores and disposes of the spill bucket clean-out kept on site or readily available? |               | 310 CMR 30.000              |                         |   |
|  |  | g. Does this UST contain waste oil? <i>If Yes, answer question below.</i>  |               |                             |                         |   |
|  |  | h. Is a removable funnel at least 12 inches in diameter used to prevent spillage when filling the waste oil tank?                              |               | 9.06(C)(4)                  |                         |   |
|  |  |  |               |                             |                         |   |
|  |  | <i>not in final version of new form</i>  |               |                             |                         |   |
|  |  | Bucket is capable of returning product to tank   |               | 9.05(A)(7) & 9.05(G)(2)     |                         | doesn't make sense anymore for industry |

TPI Inspection Form  
Section G Corrosion Protection

|                                    |  | Question Asked in MassDEP Form  | FP 289 | DFS Reg Citation        | EPA Reg Citation   | Comments  |
|------------------------------------|--|---|--------|-------------------------|--------------------|---|
| <b>Third Party Inspection Form</b> |  |   |        |                         |                    |   |
| <b>G</b>                           | <b>Corrosion Protection for Tanks and Piping</b> |   |        |                         |                    |   |
|                                    | <b>1.0 Tank and Piping</b>                       |   |        |                         |                    |   |
|                                    |  | a. Does UST have corrosion protection?  | x      | 9.05(H)(1)              | 280.20(a)          |   |
|                                    |  | b. Type of Corrosion Protection ( <i>sacrificial anode, impressed current</i> ):  | x      | 9.05(H)                 | 280.20(a)          |   |
|                                    |  | c. Are any metallic product pipe fittings in contact with soil?   |        | 9.05(H)(1)              | 280.20(b)          | FP289 states <i>whole</i> system must be nonmetal to fill out section 5.C |
|                                    |  | d. If Yes, are these pipe fittings cathodically protected?  |        | 9.05(H)(1)              | 280.20(b)          |   |
|                                    |  | e. Are all records of system design plans, drawings, system certifications, calibrations, and surveys on site or readily available?   |        | 9.05(H)(9)              | 280.31(d) & 280.34 |   |
|                                    |  | f. Are all records of periodic test data and results on site or readily available?  | x      | 9.05(H)(9) & 9.05(D)(7) | 280.31(d) & 280.34 | FP289 only asks this for Galvanic   |
|                                    |  |   |        |                         |                    |   |
|                                    |  |   |        |                         |                    |   |
|                                    | <b>2.0 Galvanic or Sacrificial Anode</b>         |   |        |                         |                    |   |
|                                    |  | a. Current frequency of periodic testing ( <i>annual or triennial</i> ):  |        | 9.05(H)(4)              | 280.31(b)          |   |
|                                    |  | b. Date of most recent Annual or Triennial Test (MM/DD/YYYY)  |        | 9.05(H)(4)              | 280.31(b)          |   |
|                                    |  | c. Most recent test result ( <i>enter all voltage readings</i> )  |        | 9.05(H)(4)              | 280.31(b)          |   |
|                                    |  | d. Did corrosion protection system pass its <i>annual or triennial</i> test?  | x      | 9.05(H)(4)              | 280.31(b)          |   |
|                                    |  | e. Date of second most recent Annual or Triennial Test (MM/DD/YYYY)   |        | 9.05(H)(4)              | 280.31(b)          |   |
|                                    |  | f. Second most recent test result ( <i>enter all voltage readings</i> )   |        | 9.05(H)(4)              | 280.31(b)          |   |
|                                    |  | g. Is system being tested at correct frequency?   |        | 9.05(H)(4)              | 280.31(b)          |   |
|                                    |  | h. Was corrosion protection system tested within 60 days of any replacements and substantial modifications to UST system or following any excavation on the property that may have affected the corrosion protection system? If Yes, answer question below. | x      | 9.05(H)(6)              |                    |   |
|                                    |  | i. Did corrosion protection system pass the 60 day test?  |        | 9.05(H)(4) & 9.05(H)(6) | 280.31(b)          |   |
|                                    |  | j. For any failed tests, is there documentation on site (or available) that follow-up procedures were performed?  |        | 9.05(D)(7) & 9.05(H)(8) |                    |   |
|                                    |  |   |        |                         |                    |   |
|                                    |  | <i>not in final version of new form</i>   |        |                         |                    |   |
|                                    |  | Was inspection done after repair?   | x      |                         |                    |   |
|                                    |  | Name of CP testing company  | x      |                         | 280.31(b)          | we may want to add this back to form                                      |

TPI Inspection Form  
Section G Corrosion Protection

|  |  | <b>Question Asked in MassDEP Form</b>   | <b>FP 289</b> | <b>DFS Reg Citation</b>             | <b>EPA Reg Citation</b> | <b>Comments</b>                      |
|--|--|---|---------------|-------------------------------------|-------------------------|--------------------------------------|
|  |  |   |               |                                     |                         |                                      |
|  |  |   |               |                                     |                         |                                      |
|  |  | 3.0 Impressed Current Type  |               |                                     |                         |                                      |
|  |  | a. Does the corrosion protection system have power and is it turned on?   | x             | 9.05(H)(1)                          | 280.31(a)               |                                      |
|  |  | b. Has corrosion protection system been inspected every 60 days?  |               | 9.05(H)(5)                          | 280.31(c)               |                                      |
|  |  | c. Are voltage and amperage readings recorded every 60 days and kept on-site or readily available?  | x             | 9.05(D)(7) & 9.05(H)(5)             | 280.31(d) & 280.34      |                                      |
|  |  | d. Date of most recent annual test (MM/DD/YYYY)   |               | 9.05(H)(5)                          | 280.31(b)               |                                      |
|  |  | e. Most recent annual test result (voltage & amperage readings)   |               | 9.05(H)(5)                          | 280.31(b)               |                                      |
|  |  | f. Did corrosion protection system pass its <i>annual</i> test?   | x             | 9.05(H)(5)                          | 280.31(b)               |                                      |
|  |  | g. Was corrosion protection system tested within 60 days of any replacements and substantial modifications to UST system or following any excavation on the property that may have affected the corrosion protection system? If Yes, answer question below. | x             | 9.05(H)(6)                          |                         |                                      |
|  |  | h. Did corrosion protection system pass the 60 day test?  |               | 9.05(H)(5) & 9.05(H)(6)             | 280.31(b)               |                                      |
|  |  | i. For any failed tests, is there documentation on site (or available) that follow-up procedures were performed?  |               | 9.05(D)(7), 9.05(H)(5) & 9.05(H)(8) |                         |                                      |
|  |  |   |               |                                     |                         |                                      |
|  |  |   |               |                                     |                         |                                      |
|  |  |   |               |                                     |                         |                                      |
|  |  | <i>not in final version of new form</i>   |               |                                     |                         |                                      |
|  |  | Was inspection done after repair?   | x             |                                     |                         |                                      |
|  |  | Name of CP testing company  | x             |                                     |                         | we may want to add this back to form |
|  |  | Inspector verifies that inspection results are on file at the local fire dept   | x             |                                     |                         |                                      |

TPI Inspection Form  
Sections H I, Inventory Control and Reporting of Releases

[illegible]

TPI Inspection Form  
Sections H I, Inventory Control and Reporting of Releases

|  |          | <b>Question Asked in MassDEP Form</b>  | <b>FP 289</b> | <b>DFS Reg Citation</b> | <b>EPA Reg Citation</b> | <b>Comments</b>   |
|--|----------|--|---------------|-------------------------|-------------------------|---|
|  | <b>I</b> | <b>Reporting of Releases, Leaks or Suspected Leaks</b>   |               |                         |                         |   |
|  |          | a. During inspection, did you, either through observation of site conditions or upon record review, identify any leaks or suspected leaks? |               |                         |                         |   |
|  |          | b. If Yes, did you inform the Owner/operator of your direct observations?  |               |                         |                         |   |
|  |          | c. Since last TPI inspection, are there records that indicate response to any leaks or suspected leaks?                                    | r             | 9.07(P)(3)              | 280.34, 280.45 & 280.52 | similar to some questions asked in FP289                    |
|  |          |  |               |                         |                         |   |
|  |          |  |               |                         |                         |   |
|  |          | <i>Not in TPI Form</i>   |               |                         |                         |   |
|  |          | Did TPI identify leaks that must be reported to MassDEP?   | x             |                         |                         |   |
|  |          | RTNs   | x             |                         |                         |   |
|  |          | System taken off-line due to leak?   | x             |                         |                         |   |
|  |          | Was a repair made due to a leak reported to MassDEP  | x             |                         |                         |   |
|  |          | Source of Release  | x             |                         |                         | investigating data collection from revising BWSC eDEP forms |
|  |          | Cause of Release   | x             |                         |                         | investigating data collection from revising BWSC eDEP forms |